

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 02-26-04.

I. DISPUTE

Whether there should be additional reimbursement for CPT code 97799-CP for dates of service 02-27-03 through 06-02-03.

II. FINDINGS

The requestor's position is services were preauthorized and then denied for medical necessity.

The respondent did not submit a position statement.

III. RATIONALE

CPT code 97799-CP for dates of service 02-27-03 and 02-28-03 and 03-07-03 through 06-02-03 (15 DOS/120 units) denied with denial code "M" (no MAR), dates of service 03-04-03 and 03-06-03 denied with denial code "V" (not medically necessary with peer review). Per the 96 Medical Fee Guideline MEDICINE GR I (11)(C)(1) reimbursement for dates of service 02-27-03 and 02-28-03 and 03-07-03 through 06-02-03 is recommended in the amount of \$11,600.00 (\$23,400.00 minus carrier payment of \$11,800.00). Reimbursement for dates of service 03-04-03 and 03-06-03 is recommended in the amount of \$3,120.00 (\$1560.00 X 2 DOS) per Rule 133.301. Services were preauthorized and then denied by the carrier with "V" (medical necessity with peer review). Total reimbursement in the amount of **\$14,720.00** is recommended.

IV. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code 97799-CP for dates of service 02-27-03, 02-28-03, 03-07-03 through 06-02-03 and 03-04-03 and 03-06-03.

The above Findings and Decision is hereby issued this 4th day of November.

Debra L. Hewitt
Medical Dispute Resolution Officer
Medical Review Division

V. ORDER

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 02-27-03, 02-28-03, 03-07-03 through 06-02-03 and 03-04-03 and 03-06-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

The above Order is hereby issued this 4th day of November 2004.

Hilda B. Baker, Manager
Medical Dispute Resolution
Medical Review Division

HBB/dlh